

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California Form 801

For Official Use Only

Governor's Office

Division, Department, or Region (if applicable)

Street Address

State Capitol

Area Code/Phone Number

E-mail

(916) 445-0873

Agency Contact (name and title)

Dan Maguire, Deputy Legal Affairs Secretary

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

California State Protocol Foundation

Name

1215 K Street

Sacramento

CA

95814

Address

City

State

Zip Code

The CSPF is a 501(c)(3) organization that promotes California and provides support on diplomatic and consular matters.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name

\$

Amount

Name

\$

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

2/2/09

\$

677

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Germany (Hannover & Berlin)

2/4/09 - 2/8/09

\$ approx. 267

\$ 0

\$ approx. 300

\$ approx. 110

\$ 677

Date(s) of Travel

Transportation Expenses

Lodging Expenses

Meal Expenses

Other Expenses

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The California State Protocol Foundation paid certain travel expenses for a member of the Governor's staff to perform advance work for the Governor's trip to Germany.

Identify the officials for whom the payment was used:

Fox

Will

Deputy Chief of Staff

Last Name

First Name

Title

Department/Division

Last Name

First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Susan Kennedy

Print Name

Chief of Staff

Title

3/16/09

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)